

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: USE OF THIOL-BASED COMPOSITIONS IN
TREATING CHEMOTHERAPEUTIC AGENT-
INDUCED THROMBOCYTOPENIA

Attorney Docket Number:: 720109.404

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: National Institutes of Health

Contract or Grant No:: R01 NS44697 and NS33618

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full capacity
Given Name:: Edward
Middle Name:: A
Family Name:: Neuwelt
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: Oregon
Country of Residence:: US
Street of mailing address:: 4246 SW McDonnel Terrace
City of mailing address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97201

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nancy
Middle Name:: D
Family Name:: Doolittle
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: OR
Country of Residence:: US
Street of mailing address::

City of mailing address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address::

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full capacity
Given Name:: Leslie
Middle Name:: L
Family Name:: Muldoon
Name Suffix::
City of Residence:: Tigard
State or Province of Residence:: OR
Country of Residence:: US
Street of mailing address:: 11155 SW 81ST Avenue
City of mailing address:: Tigard
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97223

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional claiming the benefit under 35 USC 119(e) of	60/423,349	10/31/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Oregon Health & Science University
Street of mailing address::	2525 SW 1st Avenue, Suite 120
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97201

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